

Wirral



HEALTH AND WELLBEING

strategy 2013/15



Make life better





Make life better



Contents

Foreword	2
Introduction/background	3
Context and challenges	4
The vision for health and wellbeing in Wirral	6
The social determinants of health	7
Principles	9
How the Health and Wellbeing Strategy was developed	9
Public and stakeholder consultation	10
Why and how we identified the health and wellbeing priorities for this strategy	11
Health and Wellbeing Strategy on a page	12
Our priority areas	
Priority Area: Mental health	13
Priority area: Older people	14
Priority area: Alcohol	16
How will the Strategy be delivered?	18
Local strengths and assets	19
Appendix 1: Local strategies related to health and wellbeing	20
Appendix 2: Health and Wellbeing Strategy 2013/14 action plan	21
Health and Wellbeing Board Members	29



Foreword

It is the Health and Wellbeing Board's duty to tackle health inequalities and to make sure that local people are given every opportunity to live healthy lives. There are many resources and ideas present in our borough promoting health and wellbeing and we have an opportunity to build on these. We need to use evidence and local knowledge to get resources in the right place at the right time.

Health inequalities are not inevitable or immutable they result from social inequalities; reducing health inequalities is a matter of fairness and social justice. The Department of Health estimates that health services, although important to our health and wellbeing, only contribute about 20% of our health status. The other 80% is determined by access to employment and education opportunities, our income, good housing, education, transport links and supportive social networks. We know that there are strong links between poverty, including lack of work, and poor health and wellbeing. Focusing solely on our most disadvantaged communities to tackle health inequalities will not be sufficient. We need intervention across the borough, but with a focus on our most needy communities to ensure we narrow the gap in health experiences between our most affluent and most in need communities.

In April 2013, Wirral's Health and Wellbeing Board became a statutory committee of Wirral Council. The Board provides the opportunity for elected members, the NHS, Local Authority officers, and voluntary and community representatives to agree how to work together to achieve better health and wellbeing for all residents of Wirral. One of the responsibilities of the Health and Wellbeing Board is to prepare this Health and Wellbeing Strategy. The strategy sets out a framework for achieving our goal of better health and wellbeing in Wirral, with a particular emphasis on those who need support most.

The Health and Wellbeing Strategy includes actions for improving health both within and outside of NHS services, promoting better integration of services based around people's needs rather than traditional organisational boundaries. The Health and Wellbeing Strategy will be managed through the Health and Wellbeing Board. The priorities will guide action and shape our local commissioning decisions.

Preventing problems and intervening early when problems occur will be a real test for how well we do. **We already have a strong sense of community in Wirral with real pride in the many local activities and groups that have been built by local people for local people.** There is a strong sense of what needs to be done and a determination to see change happen. The value of the Health and Wellbeing Board is that it can identify and act on issues that single agencies have struggled to address in the past. We believe that working together in this way will improve the health and wellbeing of Wirral's citizens.



**Cllr Phil Davies
Chair of Wirral Health and
Wellbeing Board**



Introduction

This is the first Health and Wellbeing Strategy for Wirral. It sets out the overarching framework that describes how the public, private and voluntary sectors will work together with Wirral residents to improve the health and wellbeing of local people. The strategy provides a basis for the commissioning of health, social care and wellbeing services in Wirral.

The development of this strategy has provided an opportunity for partnership working and builds on previous work of organisations that form the Health and Wellbeing Board.

This strategy does not replace existing commissioning plans; rather it is aligned with them. It is intended to support the commissioning of health, social care and wellbeing services. Key priorities and outcomes have been developed in consultation with stakeholders and will be evaluated and updated every year in the light of progress and feedback from stakeholders, including local residents.

Good health and wellbeing is at the heart of a happy and fulfilling life.





Context &

The Borough of Wirral forms the northernmost part of the peninsula between the Dee and Mersey estuaries. As a land area, Wirral extends to 60 square miles, with 25 miles of coastline. It is an area of outstanding natural beauty, packed full of spectacular scenery, with a rich mixture of culture and heritage.

- ✦ Wirral functions as part of a wider sub-region centred around Liverpool and is bordered to the south by the district of Cheshire West and Chester.
- ✦ Wirral is home to approximately 319,800 people, including 190,000 people of working age and over 8,000 businesses providing employment for 105,800 people. The population grew by 2.4 percent and by 7,500 households between 2001 and 2011.
- ✦ The 2011 census reported a small, but increasing, ethnic minority population in the borough of 5.3% (16,101).
- ✦ Wirral is the ninth largest metropolitan Council in England in terms of population. It is also the second largest local authority in Liverpool's City Region and bigger than many cities such as Newcastle, Derby, Leicester and Nottingham.
- ✦ Wirral's economy today has a total value of around £3 billion per year and is home to some international businesses. The visitor economy in Wirral was estimated to be worth £289 million in 2011, up by 3% since 2010. Wirral has contributed 34% of the overall total increase in the number of enterprises across Merseyside since 2011.
- ✦ The borough's economy has challenges, including the lowest gross value added per head in England (at £10,736) and the second highest concentration of economic inactivity in England. Although performing well against the Liverpool City Region authorities and regionally in respect of Job Seekers Allowance, Wirral continues to have a higher percentage of people claiming out-of-work benefits than the regional and national averages at 17.7%. Wirral has high concentrations in deprived areas at 34.3%. 18-24 Job Seekers Allowance remains higher than regional and national averages at 10.3%, but good performance over the last quarter means Wirral is now in line with the Liverpool City Region average. Wirral has the lowest job density ratio in the Liverpool City Region with 57 jobs per 100 residents. Wirral is heavily dependent on the public sector with 39% of employee jobs in the borough employed in the sector; this is above the national average.

Challenges



- ✦ Many of the people who live in Wirral enjoy an outstanding quality of life, with excellent housing, schools and a high quality environment. However, there is a strong contrast between the older, highly urbanised areas of Birkenhead and Wallasey, which contain some of the poorest communities in England and the wealthier commuter settlements in the west of Wirral. **Wirral's neighbourhoods range from the most deprived in the country to one of the most affluent, or least deprived, less than six miles away.**
- ✦ The most deprived parts of the borough generally have a younger population profile than the Wirral average. Educational achievement at Key Stage Four is below the Wirral average compared to outcomes for children living in the more affluent areas which tends to be above average. There have been reductions in the number of 16-18 year olds overall in Wirral Not in Education, Employment or Training at 9.15%; however concentrations of Not in Education, Employment or Training can reach up to 19% in some deprived areas.
- ✦ The wealthier west of the borough has an older population profile. Life expectancy in these areas is above the Wirral average, with people living as much as 11.6 years longer than those in the east of borough.
- ✦ The older population in Wirral as a whole (aged 65 years and above) is expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%. The population of over 85s is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase.
- ✦ The contrast between the most affluent and most deprived areas is also apparent in the neighbourhood issues that matter to residents such as levels of anti-social behaviour and the quality of the local environment.
- ✦ **However, although the quality of the environment can be poor in the most deprived areas, every part of the borough is well served by public parks and open spaces.**
- ✦ House prices are lower than the Wirral average in the more deprived areas although this does mean that there is greater availability of affordable housing. In the west, house prices tend to higher than the Wirral average and there is limited availability of affordable housing.
- ✦ As well as there being high levels of car ownership, access to services via public transport in the west is also relatively good. There are generally low levels of car ownership in the more deprived areas but there is good access to services by public transport.

The vision for health and wellbeing in Wirral

The Health and Wellbeing Board's vision is to enable local people to live healthy lives, to tackle health inequalities and increase wellbeing in the people and communities of Wirral. Its mission is to work across professional and agency boundaries to drive innovation and make a difference to the health and wellbeing of local people. The Board is committed to maximising the health and wellbeing of Wirral residents and will do this by:

- ★ agreeing priorities and actions to reduce health inequalities and promote health and wellbeing
- ★ developing a Health and Wellbeing Strategy
- ★ developing a framework for the effective performance monitoring of the Health and Wellbeing Strategy
- ★ discussing and evaluating joint performance

This Strategy is the vehicle through which the Board's vision will be achieved.

The Health and Wellbeing Board's vision is to enable local people to live healthy lives, to tackle health inequalities and promote wellbeing...



The social determinants of health

The Board recognises that health and wellbeing are influenced by a multiplicity of factors which impact on the health of individuals. This is shown in the diagram below. In the centre, there are factors which a person has little control over, including gender, age, ethnicity and their genetic make-up. The second layer shows behavioural lifestyle factors - for example, smoking, diet, physical activity and alcohol intake. The third layer shows broader factors, such as family, friends and community. The fourth layer shows the so-called wider determinants of health, including education, housing and employment. The fifth, outermost layer shows general socio-economic conditions, including economic, political, cultural and environmental conditions present in society as a whole.

Tackling health inequalities requires action across all the layers of influence.

The wider determinants of health and wellbeing such as the early years environment, housing, economic development, crime and spatial planning are well evidenced, and Wirral's Health and Wellbeing Board is seizing the opportunity to make a positive difference to all of them.

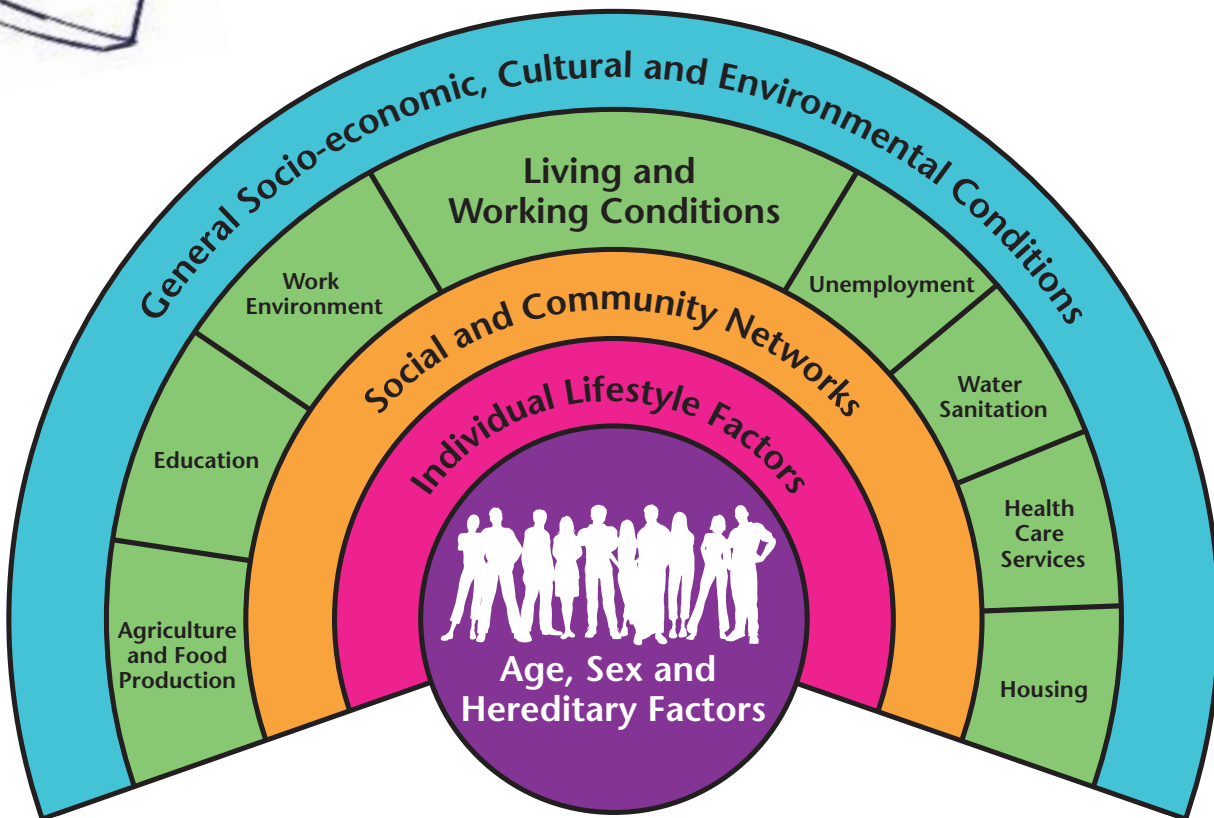


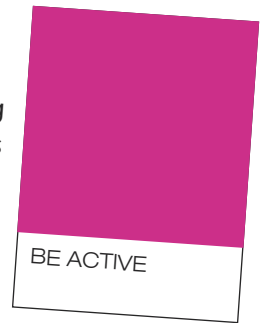
Figure 1: The wider social determinants of health
(Source: Dahlgren and Whitehead 1991)



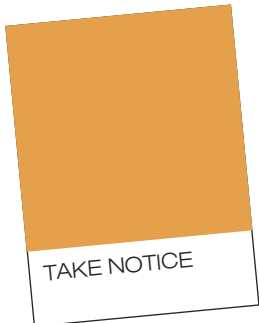
The Five Ways to Wellbeing offers a route for us all to improve our wellbeing, by building the following steps into our daily routines:



Connect with others - whether it is at home, work, school or within the local community. Taking the time to develop these relationships can enhance everyday life.



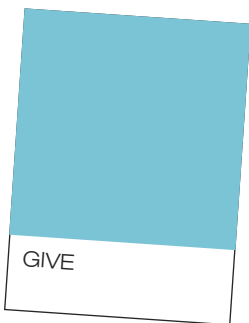
Be active - finding something suitable for your level of fitness and most importantly, which you enjoy; anything from gardening to walking to work.



Take notice of the world around you - noticing the simple things whilst going about your daily routine, such as a change in season or a piece of artwork and savouring the moment will help put things in perspective and allow you to be more appreciative.



Keep learning - trying something different such as learning a new instrument or language will set a challenge, and increase motivation and confidence.



Give - do something nice for a friend or stranger... help out in your local community. Or even just smile at someone!





Principles

The following list details the Health and Wellbeing Board's principles for working together. They provide the basis for decision making and will drive the work of the board.

- * putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
- * valuing excellence and professionalism wherever it is found
- * mutual trust and respect - valuing each person as an individual, taking what others have to say seriously
- * being honest about our point of view and what we can and cannot do
- * developing creative and innovative solutions to problems
- * removal of barriers to equality of access and opportunity

How the health and wellbeing strategy was developed

The priorities in this strategy were agreed by Health and Wellbeing Board members and wider stakeholders, including local residents.



The strategy is based on:

- * National and local evidence of health needs. The local evidence comes from our Joint Strategic Needs Assessment which includes a wide range of information about health and wellbeing issues
- * Evidence about what interventions work
- * Existing local strategies and plans that impact on health and wellbeing (*see appendix 1*)
- * Public and stakeholder consultation
- * Benchmarking our own plans against those we have reviewed in other local authorities



Public & stakeholder consultation

Public and stakeholder consultation helped us identify the most important priorities for local people.

A consultation process was undertaken to explore the relevance and resonance of the key health and wellbeing issues as highlighted in Wirral's Joint Strategic Needs Assessment. Between April and July 2012, almost 600 local people completed two rounds of surveys.

Almost 80% of those who answered the survey agreed that the issues covered in the Joint Strategic Needs Assessment were important for Wirral.

To further explore residents' opinions on key health and wellbeing issues, a workshop was held in the summer of 2012. Over 70 people attended, determining at the start of the workshop the health and wellbeing concerns they wished to explore on the day. Again the concerns raised resonated closely with the information provided in the Joint Strategic Needs Assessment.

As a result of these consultations, residents and employees suggested the following as key priority issues:

- ★ Alcohol
- ★ Ageing Population
- ★ Mental Health
- ★ Poverty
- ★ Life Skills

At the same time, a Health and Wellbeing Working Group (made up of key stakeholders, for example, departments within Wirral Council and the Voluntary Sector) was established. Key working principles included joint working, consultation and engagement with both residents and public/voluntary sector employees (mentioned above) and use of the evidence (the Joint Strategic Needs Assessment). The Working Group collectively agreed the prioritisation methodology, the criteria used in assessing priorities and undertook a first round of prioritisation. As individuals, they rated the extent to which they agreed or disagreed with the criteria according to each key priority. The criteria used to assess priorities were:

- ★ Need
- ★ Benefit
- ★ Inequalities
- ★ Prevention
- ★ Links to outcome frameworks
- ★ Fostering joint working
- ★ Strategic fit

This process identified Alcohol and Ageing population as the joint top issues, followed by Poverty, Mental Health and Life Skills. A follow-up survey with the public cross-checked these priorities. This survey ranked Ageing Population as the most important issue, followed by Poverty, Mental Health, Life Skills and Alcohol.

Based on the information and preferences generated by these processes, the Health and Wellbeing Board agreed three strategic health and wellbeing priorities for Wirral in 2013/14.

Why and how we identified the health and wellbeing priorities for this strategy

The aim of the prioritisation process was to identify the key topic areas that would lead to the best health and wellbeing outcomes for local people. The key areas identified in the consultation process were subjected to a rigorous, transparent and inclusive prioritisation process.

The priority programme areas agreed for this Strategy are:

- ★ Mental Health
- ★ Older People
- ★ Alcohol





Health and Wellbeing Strategy on a page

To address the challenges identified as part of our vision for better health and wellbeing, three priority areas for shared action across partners have been agreed by the Health and Wellbeing Board. These were identified through public and stakeholder consultation and evidence of what works. **The Board will focus on these three areas to improve the physical and mental health and wellbeing of Wirral's residents, using the approach and principles described earlier.** In each of these areas we will work to improve the health of the worst-off fastest through greater improvements in more disadvantaged communities and vulnerable groups. For each priority area we have also identified a number of key outcomes, such as increased wellbeing and reduced alcohol-related harm; improvements which will demonstrate the difference being made locally by delivery of this strategy and all the other plans and actions it influences.

Challenges	Principles	Priority Actions	Key Outcomes
<ul style="list-style-type: none"> • Continuing poverty, deprivation and disadvantage • Unemployment and worklessness • Differential access to high quality housing • High levels of fuel poverty • Increasing ageing population needing support to remain socially included and independent • Increasing levels of long term conditions and disability • Significant sections of the population socially isolated • Increasing harmful impact of alcohol 	<ul style="list-style-type: none"> • Putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries • Valuing excellence and professionalism wherever it is found • Mutual trust and respect - valuing each person as an individual, taking what others have to say seriously • Being honest about our point of view and what we can and cannot do • Creative and innovative solutions to problems • Removal of barriers to equality of access and opportunity 	<p>Priority area: Mental Health Tackling social isolation leading to enhanced quality of life. Developing effective links with housing providers. Enhanced employment opportunities. Increased amount of and accessibility to community-based interventions.</p> <p>Priority area: Older People Tackling social isolation to enable older people to maintain independence and wellbeing. Keeping warm and well. Falls prevention. Early support for people with signs and symptoms of Dementia. Joint commissioning and better integration of services.</p> <p>Priority area: Alcohol Identification, prevention, treatment and recovery. Crime, disorder and communities. Young people, families and carers.</p>	<p>Mental Health</p> <ul style="list-style-type: none"> • Increase wellbeing • Increase employment for those with Long Term Conditions • Reduce work sickness absence • Increase quality of life of people with Long Term Conditions <p>Older People</p> <ul style="list-style-type: none"> • Increased wellbeing • Reduced excess winter deaths • Reduction in fuel poverty • Reduced hospital admissions • Increased engagement in local schemes • Reduced admissions to residential and nursing care homes • Reduced income deprivation affecting older people <p>Alcohol</p> <ul style="list-style-type: none"> • Reduced alcohol-related harm and in particular its impact on liver disease • Reduced alcohol-related admissions • Reduce alcohol-related crime, disorder and other types of harm to communities



Our priority areas

Priority Area: **Mental Health**

Challenges

The 2011 strategy 'No health without mental health' places a firm emphasis on early intervention to stop serious mental health issues developing, and on tackling inequalities. The strategy recognises the importance of addressing the wider social determinants of mental health, for example with measures such as providing face-to-face debt advice. This will be particularly important as welfare reforms are implemented and may have significant impact on benefit claimants who have a mental health condition.

Areas of socio-economic deprivation are most likely to have low mental wellbeing and Wirral is no exception. Wirral has a lower mental health wellbeing score than the North West average. In Wirral, there is a significantly higher rate of hospitalisation for mental health conditions than across the rest of Merseyside, and the rate is more than twice that for England. Factors such as poor quality housing, unemployment and deprivation can contribute to mental ill health or can make an episode of mental distress more difficult to manage.

Supporting people with dementia and their carers is a key local priority (see also the Older People's section of this Strategy). The prevalence of dementia increases with age and is estimated to be approximately 20 per cent at 80 years of age. In a third of cases, dementia is associated with other psychiatric symptoms such as depressive disorder and alcohol related problems. Many people with dementia are undiagnosed, and may not have access to care that could be available to them.

What we will do to address these challenges?

(For full details please see Action Plan in Appendix 2)

- ✦ Address social isolation and provide practical help for people with mental health issues
- ✦ Develop stronger links with housing providers
- ✦ Promote employment opportunities for people with mental health issues
- ✦ Promote accessibility to community-based interventions

How will we know we are making a difference - key outcomes

(for full details please see Action Plan in Appendix 2)

- ✦ Improved self-reported wellbeing
- ✦ Improved social contentedness
- ✦ Increased numbers of people receiving secondary mental health services in settled accommodation
- ✦ Increased employment for those with long-term health conditions including mental illness
- ✦ Improved health-related quality of life for older people
- ✦ Reduced suicide rates



Priority Area: Older People

Challenges

Older people are valuable and positive contributors to our communities. Many are active citizens, participating in a variety of local community and voluntary associations and other activities, both paid and unpaid. But life expectancy at age 65 is lower for men and women in Wirral compared to the North West and England overall. The number of older people is set to increase over the next two decades and by 2032 it is estimated that 27% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. It will also have a considerable impact on the number of family carers in Wirral and carers themselves will also be ageing. In certain areas of Wirral, a large percentage of older people are living in deprivation (between 50% and 70%). **Fuel poverty is a major issue for many older people and has a serious impact on their health and wellbeing.** On average, there are around 189 more deaths than anticipated in the older population in Wirral each year. Wirral has a higher rate of older people living in nursing homes compared to both the North West and England. Rates of older people living in residential care homes are above those of England but below those in the North West. It is not fully clear why this is, but may be affected by a lack of sufficiently flexible intermediate care, community nursing and domiciliary support. In 2011/12, 438 people aged 65+ in Wirral fractured their hip as the result of a fall. The projected rise in the older population may mean the number of falls resulting in serious consequences will also rise in Wirral (resulting in more admissions to care homes). Hospital admissions for hip and knee replacements in Wirral are high.

In 2010/11, 1,902 people were recorded on GP registers as having dementia; however, nationally, only around 45% of people with dementia are on a GP register. This means a significant number of people with dementia are unknown to services and not receiving the care they may need. Emergency hospital admissions for dementia in Wirral are approximately 54% higher than the national average, which could indicate unmet need in the community. There are around 30,000 people aged 65+ in Wirral who report that they have a limiting long-term illness.

We need to ensure that people in later life get the care and support they need at an early stage to prevent problems getting worse. The Local Authority and the NHS are currently working closely together to develop integrated services and this work is being led through a Long Term Conditions Integration Programme. This programme is aimed at providing interventions and services that are more personalised, preventative and outcome focused. **The primary aim is to promote and maintain people's capacity to remain independent, by taking control of their own situations.** This move away from a 'crisis management' approach to one that focuses on prevention and early intervention services is consistent with promoting health, wellbeing and good quality of life. Redesigned services will provide responsive and more flexible, innovative and person-centred services.

There is a wealth of information and support available through the Council, doctor's surgeries and local websites. We could, however, improve people's awareness of what is available by better promotion of these information sources.

What will we do to address these challenges?

(For full details please see Action Plan in Appendix 2)

- ✦ Address social isolation by providing practical help to older people via information, advice and advocacy services
- ✦ Help older people to keep warm and well
- ✦ Promote falls prevention messages
- ✦ Early detection of dementia
- ✦ Develop joint commissioning and better integration of services

How will we know we are making a difference - key outcomes

(for full details please see Action Plan in Appendix 2)


- ✦ Improved health-related quality of life for older people
- ✦ Improved social contentedness
- ✦ Improved older people's perception of community safety
- ✦ Increased self reported wellbeing
- ✦ Reduced number of people living in fuel poverty
- ✦ Reduced number of excess winter deaths
- ✦ Dementia and its impacts
- ✦ Reduction in the number of falls and fall injuries in the over 65s
- ✦ Reduction in the number of hip fractures in the over 65s
- ✦ Reduction in emergency readmissions within 30 days of discharge
- ✦ Reduction in residential/nursing care home admissions

There is a wealth of information and support available through the Council, doctor's surgeries and local websites.



Priority Area: Alcohol

Challenges



Lifestyle behaviours, including drinking too much alcohol, contribute to health inequalities and these behaviours are more prevalent in Wirral's most deprived areas. Alcohol is the largest contributor to the rise in mortality from liver disease and other digestive disorders and it is a significant contributor to the life expectancy gap locally. Alcohol-related hospital admissions on Wirral have doubled since 2002/3 and are significantly higher in Wirral than the regional and national averages. Alcohol-specific hospital admissions in the under-18s in Wirral is also higher than both the North West and England averages, but, like the rest of England, over the last few years, has shown a downward trend. Although alcohol-related crime in Wirral decreased between 2008/09 and 2011/12, the volume of alcohol-related domestic violence in Wirral has increased. Alcohol-related youth violence in Wirral has increased by nearly 35% since 2008. Locally, there is evidence of alcohol misuse on Wirral amongst the Irish and Polish communities, with links to social isolation, poverty and mental health.

There is a wide range of help and treatment options available in Wirral, focusing on prevention, identification, treatment and recovery. Alcohol services are targeted to those 'most at risk' so that services are more accessible and appropriate, addressing the needs of the local population. They include self-help, brief advice, counselling, abstinence, detoxification, residential rehabilitation and practical support services, which assist with issues such as childcare, education, employment and housing. **The developing 'Alcohol Shared Care' Scheme will ensure every general practice on Wirral has access to a specialist alcohol treatment practitioner.**

There is also a range of initiatives addressing crime, disorder and communities, such as appropriate support, advice or treatment for victims or offenders and projects to reduce alcohol-related (re-)offending; such as the 'Prison Through-Care Scheme'. Local work is being undertaken with licensees including training and education programmes and they are being encouraged to adopt the locally developed Charter for Licensed Premises.

There is a wide range of help and treatment options available in Wirral, focusing on prevention, identification, treatment and recovery.

What will we do to address these challenges?

(For full details please see Action Plan in Appendix 2)

A local alcohol strategy has been developed with involvement of local partners. The strategy has three strands of activity:-

- ✦ **Identification, prevention, treatment and recovery**
(to reduce alcohol-related harm and in particular its impact on liver disease)
- ✦ **Crime, disorder and communities**
(to reduce alcohol-related crime, disorder and other types of harm to communities)
- ✦ **Young people, families and carers**
(to reduce the number of young people under 18 who are drinking in excess and indulging in alcohol related risk taking behaviour)

How will we know we are making a difference - key outcomes

(for full details please see Action Plan)

- ✦ Reduced hospital admissions as a result of self-harm
- ✦ Reduced alcohol-related admissions to hospital
- ✦ Reduced death rate from liver disease in people aged under 75
- ✦ Reduced emergency readmissions within 30 days of discharge from hospital
- ✦ Fewer suicides



How will the strategy be delivered?

The Health and Wellbeing Board will be the partnership through which this Strategy will be managed and monitored. It will be reviewed on a six monthly basis by the Board. Priorities will be revised annually where appropriate, based on need, identified through the Joint Strategic Needs Assessment and other sources. It is accompanied by an action plan which sets out a programme of activities - and progress against each one - to address priorities and achieve outcomes (see Appendix 2).

wellness



Local strengths and assets

Effective local delivery of this Strategy requires effective participatory decision-making at the local level. This can only happen by empowering individuals and local communities. All of our communities and the people that live in them have social, cultural and material assets. Assets are factors or resources which enhance the ability of individuals, communities and populations to maintain and sustain health and wellbeing. An asset can be any of the following:

- ★ The practical skills, capacity and knowledge of local residents
- ★ The networks and connections ('social capital') in a community, including friendships and neighbourliness
- ★ The effectiveness of local community and voluntary associations
- ★ The resources of public, private and third sector organisations that are available to support a community
- ★ The physical and economic resources of a place that enhance wellbeing

The Health and Wellbeing Board recognises and values the capacity, skills, knowledge, connections, and potential in our communities. Identifying and mobilising these assets can help individuals and communities overcome the health and wellbeing challenges that they face. People and communities can bring fresh perspectives and solutions to addressing the problems identified. Recognising this, the Council is currently working with individuals, communities and organisations to develop effective ways of neighbourhood working, exploring resources within communities that may help to address needs.



People and communities can bring fresh perspectives and solutions to addressing the problems identified.

Appendix 1: Local strategies related to health & wellbeing

Cross Cutting

Wirral 2025: More equal, more prosperous. A sustainable community strategy

Wirral Clinical Commissioning Group Strategic Plan 2013-2016

Wirral Children and Young People's Strategic Plan

Wirral Council Corporate Plan 2012/13

Wirral Investment Strategy

Wirral Local Development Framework

Mental health

A Strategy for Services for Older People with Mental Health Needs 2009 and Beyond

Mental Health and Wellbeing Commissioning Strategy, NHS Wirral & Wirral DASS 2008-2013

A Strategic Joint Commissioning Framework for Children and Young People in Wirral 2007

Joint Commissioning Strategy for Carers DASS 2008

Shaping Tomorrow, Wirral Adult Social Care Services

Older people

A Strategy for Services for Older People with Mental Health Needs 2009 and Beyond

Joint Commissioning Strategy for Carers DASS 2008

Wirral Prevention and Early Intervention Commissioning Plan

Alcohol

A Strategy to Tackle Alcohol-Related Harm in Wirral 2013-2016

Teenage Pregnancy Strategy

Appendix 2: Health & Wellbeing Strategy 2013/14 Action Plan



Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
Mental Health				
Address social isolation by providing practical help for people with mental health issues	Ensure that the links between mental health issues and financial inclusion are monitored and addressed as part of Wirral's response to the impact of welfare reform, e.g. by ensuring that mental health services are invited to working groups along with organisations such as Wirral Credit Union. Specific areas of focus will be: <ul style="list-style-type: none"> • Reviewing changes to Incapacity Benefit in re-assessing people as fit for work • Ensuring health partners are fully aware of the changes and where they can refer for welfare advice information and advocacy 	Ongoing	Wirral Council (Economic Team)	<ul style="list-style-type: none"> • Social contentedness • Self-reported wellbeing • Suicide • Health-related quality of life for older people
	Ensure that people with mental health issues are appropriately signposted to the social support available in Wirral, using mechanisms like the Wirral Well website	Ongoing	Voluntary and Community Action Wirral	
	Increase digital inclusion through the Go ON Wirral initiative to reduce wider social isolation and support individual health and condition management	December 2013	Wirral Council (Economic Team)	

Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
	<p>Ensure that parenting support services and the health visiting service are identifying and addressing social isolation and mental health issues through their contact with families</p> <p>Provide mental health awareness training for frontline staff and community members e.g. Mental Health First Aid</p> <p>Raise awareness of asset-based approaches to community development</p> <ul style="list-style-type: none"> Development workshop on asset-based community development arranged <p>Run a mental health campaign to reduce stigma and promote early diagnosis in areas of the borough with high rates of mental illness e.g. 'Time to Change'</p> <p>Reduce stigma by developing an 'early' awareness programme in schools to promote good mental health and recognise when someone is not coping</p>	<p>September 2013</p> <p>Ongoing</p> <p>May 2013</p> <p>March 2014</p> <p>March 2014</p>	<p>Children's Trust</p> <p>Wirral Council (Public Health)</p> <p>Wirral Council (Public Health)</p> <p>Wirral Council (Public Health)</p> <p>Wirral Council (Public Health)</p> <p>Wirral Council (Public Health)</p>	
Develop stronger links with housing providers	<p>Develop opportunities for joint working between health and housing providers, for example through the Strategic Housing Partnership, to understand and address the impact of housing policies on people with mental health issues</p>	<p>September 2013</p>	<p>Wirral Council (Regeneration and Environment Directorate)</p>	<ul style="list-style-type: none"> People receiving secondary mental health services in settled accommodation

Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
<p>Promote employment opportunities for people with mental health issues</p>	<p>Recruit and support employers to register and work towards achieving 'Mindful Employer'</p>	<p>March 2014</p>	<p>Wirral Council (Public Health); with Wirral Business Forum; Wirral Chamber of Commerce; other public sector partners through Public Sector Board</p>	<ul style="list-style-type: none"> • Employment for those with a long term health condition including those with a mental illness
	<p>Review and evaluate evidence of good practice in any local employability projects e.g. Advocacy in Wirral; Reachout</p>	<p>Ongoing</p>	<p>Wirral Council (Economic Team)</p>	
	<p>Promote volunteering and work experience opportunities as a route back into employment for people with a mental health condition</p>	<p>Ongoing</p>	<p>Public Sector Board; Voluntary and Community Action Wirral</p>	
<p>Promote accessibility to community-based health interventions</p>	<p>Improve uptake of physical health checks for people with mental health problems</p>	<p>March 2014</p>	<p>Clinical Commissioning Groups</p>	<ul style="list-style-type: none"> • Social contentedness • Alcohol-related admissions to hospital • Take up of NHS Health Check programme by those eligible <ul style="list-style-type: none"> - health check offered • Self-reported wellbeing • Health-related quality of life for older people
	<p>Support mental health service users to give up smoking and understand how better to support them in smoking cessation</p>	<p>Ongoing</p>	<p>Cheshire and Wirral Partnership NHS Foundation Trust</p>	





Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
<p>Older people</p> <p>Address social isolation by providing practical help to older people via information, advice and advocacy services</p>	<p>Use local press and publicity and Wirral Well website to disseminate information</p> <p>Increase digital inclusion to tackle social isolation e.g. through Go ON Wirral initiative</p> <p>Provide comprehensive advice on the full range of benefits and entitlements and increase take-up of these</p> <p>Extend the benefits for independence and quality of life of assistive and digital technologies, aids and adaptations, to a broader range of people</p> <p>Implement the Prevention and Early Intervention Strategy</p> <p>Appropriate housing for older people: Integrate housing needs assessment into Health and Social Care services assessment with established pathways to the Wirral Council Home Improvement Agency</p> <p>Work with Merseyside Fire Service to enable them to undertake home fire safety visits for vulnerable people</p>	<p>Ongoing</p> <p>September 2013</p> <p>Ongoing</p> <p>December 2013</p> <p>December 2013</p> <p>April 2014</p> <p>April 2013</p>	<p>Wirral Council Older people's partnership Voluntary Community Action Wirral</p> <p>Wirral Council (Economic Team)</p> <p>Voluntary Community Action Wirral; Citizen's Advice Bureau; Age UK</p> <p>Wirral Council (Directorate of Adult Services)</p> <p>Wirral Council (Directorate of Adult Services)</p> <p>Wirral Council (Directorate of Adult Services)</p> <p>Wirral Council (Directorate of Adult Services)</p>	<ul style="list-style-type: none"> • Fuel poverty • Social contentedness • Older people's perception of community safety • Self-reported wellbeing • Falls and fall injuries in the over 65s • Reduced emergency readmissions within 30 days of discharge from hospital • Health-related quality of life for older people • Hip fractures in the over 65s • Excess winter deaths • Dementia and its impacts • Local outcome: Decreased admissions to care and nursing homes





Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
	Explore the opportunity for an asset-based model to assist with handyperson tasks and energy efficiency advice (e.g. through use of a time bank/volunteering etc.)	April 2013	Wirral Council (Directorate of Adult Services)	
Help to keep older people warm and well	Promote uptake of seasonal flu vaccination	Annually	NHS England - Area team	<ul style="list-style-type: none"> • Fuel poverty • Social contentedness • Self-reported wellbeing (WEMWBS) • Flu vaccination coverage (over 65s) • Flu vaccination coverage (at risk individuals) • Health-related quality of life for older people • Excess winter deaths
	Promote home insulation schemes	Ongoing	Wirral Council (Housing Standards Team)	
	Promote the 'Choose Well' campaign	December 2013	Clinical Commissioning Group	
Promote falls prevention advice	Falls prevention promotion: Promote healthy lifestyle activities e.g. weight-bearing exercises and physical activity to reduce the risks of falling	Ongoing	Wirral Council (Public Health)	<ul style="list-style-type: none"> • Fuel poverty • Social contentedness • Older people's perception of community safety • Self-reported wellbeing • Falls and fall injuries in the over 65s • Reduced emergency readmissions within 30 days of discharge from hospital • Health-related quality of life for older people • Hip fractures in the over 65s • Excess winter deaths • Dementia and its impacts • Local outcome: Decreased admissions to care and nursing homes
	Offer early intervention to maintain independence amongst those at risk of falls	Ongoing	Wirral Community Trust Merseyside Fire Service	
	Develop a comprehensive care pathway to improve the outcome and efficiency of care after hip fractures	Ongoing	Clinical Commissioning Group	





Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
Dementia	Improve public and professional awareness and understanding of dementia through the Wirral Well website by making use of national materials and taking into account individuals and groups who are often missed by mainstream services such as certain ethnic groups or people with Learning Disabilities	Ongoing	Voluntary Community Action Wirral	<ul style="list-style-type: none"> • Social contentedness self-reported wellbeing • Falls and fall injuries in the over 65s • Reduced emergency readmissions within 30 days of discharge from hospital • Health-related quality of life for older people • Hip fractures in the over 65s • Excess winter deaths • Dementia and its impacts
	Develop a dementia assessment pathway	February 2014	Clinical Commissioning Group	
	Implement the Carer's Strategy	July 2013	Wirral Council Directorate of Adult Services	
Joint commissioning and better integration of services	Develop integrated health and social care systems for patients with long-term conditions including dementia across Wirral	Ongoing	Clinical Commissioning Group Wirral Council Directorate of Adult Services	<ul style="list-style-type: none"> • Local outcome: Decreased admissions to care and nursing homes
	Continue to offer more choice, control and greater independence through personal budgets to support those living with long term conditions	Ongoing	Wirral Council Directorate of Adult Services	
	Continue to increase co-ordination of personal care by commissioning and delivering health, social care and housing services in a more joined up way	Ongoing	Clinical Commissioning Group Wirral Council Directorate of Adult Services	



Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
Alcohol				
Identification, prevention and treatment and recovery	<p>Provide information, advice and guidance to enable people to make informed choices about alcohol consumption:</p> <ul style="list-style-type: none"> • Promote the updated Wirral Alcohol website www.wirralalcohol.co.uk • Campaign to raise awareness of excess alcohol consumption at Wirral University Hospital Trust to staff, patients and visitors • Promote alcohol awareness campaigns e.g. Alcohol Awareness Week, excess drinking at Christmas and Dry January 	<p>Ongoing</p> <p>September 2013</p> <p>November 2013 December 2013 January 2014</p>	<p>Wirral Council (Public Health) Wirral University Hospital Trust</p> <p>Wirral Council (Public Health)</p>	<ul style="list-style-type: none"> • Older people's perception of community safety • Alcohol-related admissions to hospital • Take up of NHS Health Check programme by those eligible - health check offered • Self-reported wellbeing • Suicide • Reduced emergency readmissions within 30 days of discharge from hospital
	<p>Identify and implement the most effective interventions to reduce/prevent liver disease by:</p> <ul style="list-style-type: none"> • Inclusion of alcohol screening in NHS Health Checks programme • Review and evaluation of shared care pathway to ensure it is effective and efficient 	<p>June 2013</p> <p>December 2013</p>	<p>Wirral Council (Public Health)</p>	
	<p>Improve and extend the range and quality of delivery of the alcohol screening and brief advice programme, ensuring that a wide range of professionals are involved and that the right people are identified and engaged in the right places</p>	<p>March 2014</p>	<p>Cheshire and Wirral Partnership Trust NHS Foundation Trust</p>	
	<p>Ensure alcohol treatment services target those groups 'most at risk' by evaluating and reporting on the outcomes of specific projects targeted at those most at risk e.g. the Woodchurch and 18-24 projects</p>	<p>March 2014</p>	<p>Wirral Council (Public Health)</p>	

Priority Area	Key Activities	By When	Lead Responsibility	High-level Outcome Indicator
Crime, disorder and communities	Increase enforcement activity to address young people drinking in public places by the establishment of a 'Community Alcohol Partnership' in one Wirral policing area, with a view to rolling out across the Borough if evaluated successfully.	October 2013	Wirral Council (Trading Standards)	<ul style="list-style-type: none"> Older people's perception of community safety Hospital admissions caused by unintentional and deliberate injuries in under 18s
	Investigate the development a comprehensive data collection system, inclusive of health data, that can be utilised to inform and support the licensing application process	March 2014	Wirral Council (Public Health & Licensing)	
	Campaign for and support the increase in the minimum unit price of alcohol and control the ready availability of alcohol	March 2014	Wirral Council (Public Health)	
Young people, families and carers	Provide interventions for young people admitted to the accident and emergency department, addressing the presenting issues and reducing the likelihood of future presentations by offering: <ul style="list-style-type: none"> Hospital Accident and Emergency staff to access training to identify alcohol-related attendances and deliver brief harm-reduction interventions 	March 2014	Children's Trust	<ul style="list-style-type: none"> Alcohol-related admissions to hospital Self-reported wellbeing Reduced under 75 mortality rate from liver disease Suicide
	Work with schools and Further Education Colleges to promote and implement: <ul style="list-style-type: none"> Schools substance misuse guidance 'Alcohol Alright' brief intervention toolkit 	March 2014	Childrens Trust	

Health and Wellbeing Board members

Core Members

Wirral Council

Wirral Clinical Commissioning Group

Healthwatch

NHS England

Co-opted members

Cheshire and Wirral Partnership NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

The Clatterbridge Cancer Centre NHS Foundation Trust

Wirral NHS Community Trust

Voluntary & Community Action Wirral



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